

## DRAFT

## APPENDIX 7

## TO

## ANNEX B

## NORTH CAROLINA EMERGENCY OPERATIONS PLAN

## INFECTIOUS DISEASE AND BIOTERRORISM OPERATIONS PLAN

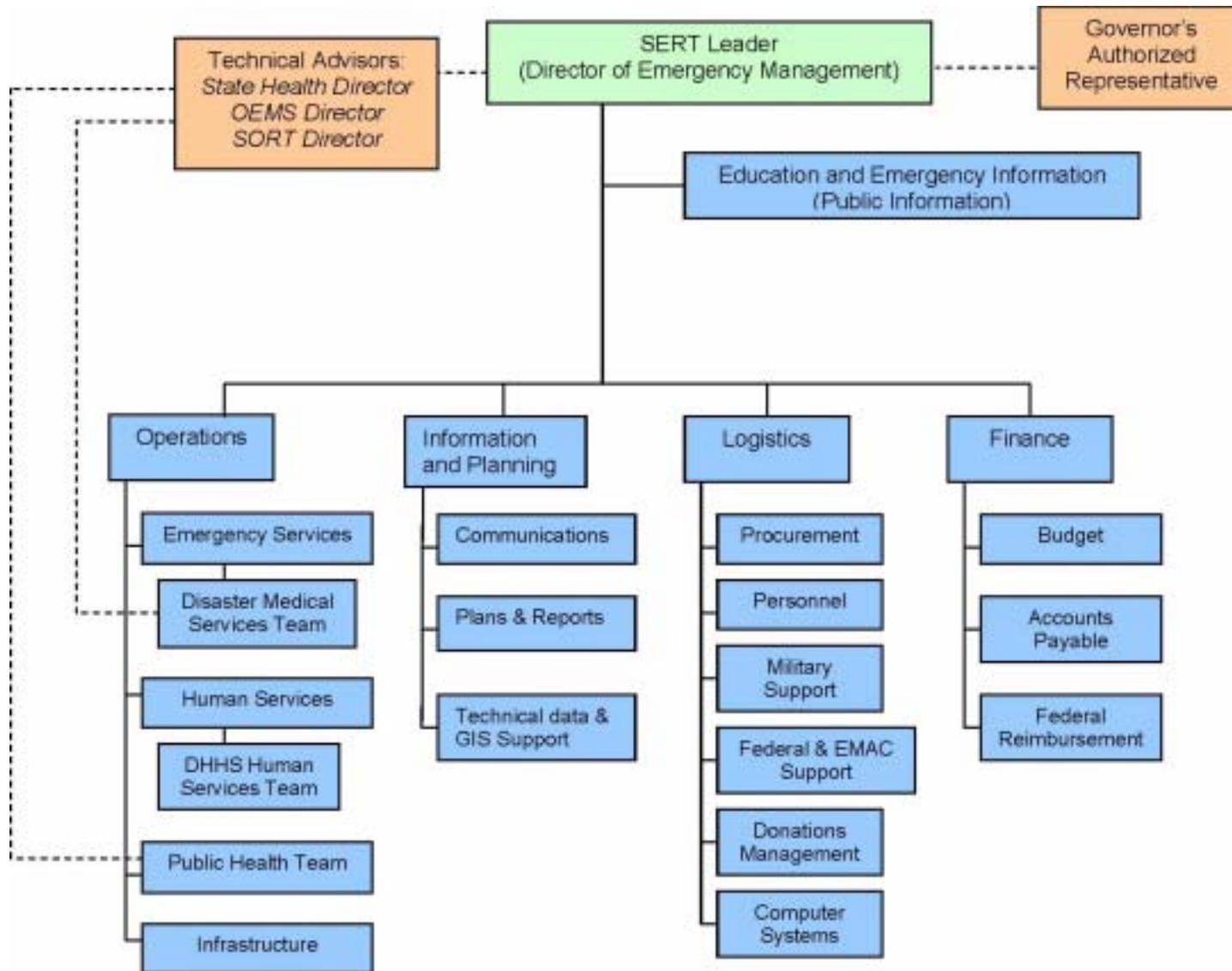
1. Purpose. This operations plan supports the NC Emergency Operations Plan (EOP) and outlines the actions and procedures the State of North Carolina will take in response to a widespread public health threat posed by one or more infectious agents. Such a threat can be a naturally occurring event such as an influenza outbreak, or a bioterrorism act that intentionally exposes individuals to infectious agents.
2. Situation:
  - A. Background. An Infectious disease is any medical illness that is caused by microscopic organisms or their toxins. Invading microorganisms include viruses, fungi, bacteria, and parasites. Sources for these organisms include the environment, animals, insects, and other mammals--including humans. Transmission usually occurs by inhalation, ingestion, direct contact or by bites by a contaminated vector. Many infectious diseases can cause epidemics. For this reason, identification, evaluation and mitigation of infectious diseases are essential to protect public health. Infectious diseases can occur naturally, through human error (e.g. food borne outbreaks), or through deliberate acts of bioterrorism.
  - B. Infectious Diseases. Many infectious diseases are major threats to human health. The spread of drug-resistant bacteria and new strains of influenza are of particular concern. Beginning in the 1950s, penicillin became ineffective against some strains of *Staphylococcus aureus*, a common bacterium that can cause serious illness. In 1957 and 1968, new strains of influenza emerged in China and spread rapidly around the globe. In the 1970s there was a resurgence of sexually transmitted diseases. Also during the 1970s, several new diseases, including Legionnaires' disease, Lyme disease, toxic shock syndrome, and Ebola hemorrhagic fever were identified in the United States and elsewhere. During the 1980s, government support for infectious disease surveillance declined; AIDS (Acquired ImmunoDeficiency Syndrome) appeared, and tuberculosis (including drug-resistant strains) reemerged and spread quickly through U.S. cities. By the early 1990s, health experts no longer believed that the threat of infectious diseases was receding. Most recently, West Nile Virus was identified in the United States in 1999 and spread to North Carolina wildlife in 2001. Again, in 2002-3, Severe Acute Respiratory Syndrome (SARS) affected much of the Far East plus Canada and the United States.
  - C. Bioterrorism. There has been an increase in acts of bio-terrorism. In 1984, an Oregon group contaminated salad bars with salmonella to influence a local election. In 1991 Iraq admitted to producing bombs with anthrax and botulism. In the fall of 2001, anthrax was deliberately sent through the mail in Florida, New York, New Jersey, and Washington D.C. Contaminated stamps from Washington D.C. were shipped to a postal facility in

## DRAFT

- North Carolina. The military bases in NC are potential targets for bioterrorism.
- D. Current Situation. Because of the increased use of antibiotics there is an increased threat of drug resistant infectious diseases in the United States and North Carolina that could result in an epidemic. Due to an increase in international terrorism, there is also an increased potential for a bioterrorism event.
3. Assumptions:
- A. Any outbreak of an infectious disease could be widespread and become epidemic or even pandemic. State action is required when conditions first suggest vulnerability to a disease—that is, before an outbreak. Prudent preparation can limit spread and lessen effects.
  - B. Healthcare facilities will be overtaxed and unable to accommodate all disease victims. Additional temporary treatment facilities will be created in schools and coliseums. Screening facilities will be created to identify the truly ill from the “worried well”.
  - C. The CDC will assist in any epidemic with laboratory analyses, staff to trace the disease, and units from the Strategic National Stockpile (SNS).
  - D. Public health control measures ranging from individual vaccination, quarantine or isolation to community-wide cancellations of events may be needed. Such measures, especially when widespread, will disrupt the economy and require massive amounts of law enforcement and other manpower resources.
  - E. Buildings and areas may become contaminated with diseases or biological agents and may be closed until they are disinfected or decontaminated. This will cause major interruptions in business and government.
4. Mission: For infectious disease and bioterrorism emergencies, the missions are:
- A. Detect and monitor the occurrence of natural or artificially acquired infectious diseases or intoxicants, prevent their spread, and mitigate their severity.
  - B. Educate the general public and medical community regarding signs and symptoms of infection, personal protective measures and control methods.
  - C. Communicate significant NC public health infectious disease information to neighboring states and the federal government.
  - D. Assist local public health offices, hospitals, and other medical treatment facilities in their treatment of the infectious disease.
  - E. Coordinate federal assistance to the affected regions.
  - F. Carry out public health control measures such as surveillance, disease investigation, quarantine, isolation, closure/cancellations, immunization, prophylaxis, mass treatment, and mass fatality management.

**DRAFT**

5. Organization. For infectious disease and bioterrorism emergencies, the State Emergency Response Team (SERT) is organized as shown below using the National Incident Management System (NIMS) model:



## DRAFT

- A. The SERT Leader operates under supervision of the Secretary of Crime Control and Public Safety and the Governor for the overall operation of the SERT during activation. The SERT Leader is normally the Director of Emergency Management.
- B. The State Health Director serves as the technical expert and advisor to the SERT Leader and the Governor for infectious diseases and public health issues.
- C. The Office of Emergency Medical Services (OEMS) Director serves as the technical expert and advisor to the SERT Leader and the Governor for hospital resources coordination. The Special Operations Response Team (SORT) located in Winston-Salem is a Federal Resource located within North Carolina. Additionally, the SORT Director may serve as the technical medical expert and advisor to the SERT Leader, if available, for disaster medical services.
- D. The Education and Emergency Information Section maintains liaison with print and electronic media during activation. They distribute news releases, manage press conferences, and insure all necessary emergency information is available in public venues. In an infectious disease outbreak, the representative from the Public Health Team will have the lead responsibility for public information through the Public Health Command Center (PHCC).
- E. The Mitigation Section develops hazard reduction policies and mitigation strategies. They assess risk to particular communities and administer hazard mitigation grant programs.
- F. The Operations Section directs SERT activities and coordinates activities with local and federal agencies.
- G. The Disaster Medical Services Team is organized and led by OEMS (Division of Facilities Services, DHHS). It may be staffed with representatives from SORT, Public Health Preparedness and Response, the Medical Examiner (DHHS), the NC Hospital Association and other organizations involved in medical treatments. It coordinates medical treatment resources: facilities, staff, drugs (including the CDC SNS), and equipment, through communications with NC major hospital trauma centers and their satellite hospitals.
- H. The DHHS Human Services Team is lead by the DHHS Disaster Coordinator and coordinates special needs areas and all the human services issues not covered by the Public Health Team including Disaster Mortuary Operations Response Team (DMORT).
- I. The Public Health Team is responsible for public health issues including identifying and tracking the disease and informing the medical community about preventive and protective measures. The Public Health Team will normally convene in the Public Health Command Center and operate from that facility. The Office of Public Health Preparedness and Response operates the Public Health Command Center (PHCC) and supports the Public Health Team.
- J. The Information and Planning Section collects and distributes emergency/disaster information. It documents SERT activities in situation reports, special reports, and maps.

## DRAFT

- It prepares Incident Actions Plans and weather forecasts for the next day activities. It also oversees communications between the EOC and subordinate units and counties. The Infectious Disease Team will have the lead responsibility for collecting publishing health and medical reports through Rapid Response Teams composed of resources from the Public Health Regional Surveillance Teams (PHRST) and other Public Health components.
- K. The Logistics Section manages manpower, supplies, transportation and equipment to support SERT operations. It acquires, collects, and moves state and donated resources. It establishes and maintains communications and data processing capabilities within the SERT and counties, and it develops and maintains facilities required to support disaster operations. Additionally, the Logistics Section coordinates NC National Guard support, EMAC support, Law Enforcement support and federal support. It also purchases goods and services necessary for SERT operations.
- L. The Finance Section establishes budgets for the emergency, then processes invoices and payments for goods and services for SERT operations. It documents all disaster-related costs and manages cost recovery actions for federal reimbursement.
6. Concept of Operations. NC General Statute 166A will be followed. The Division of Emergency Management will lead the state response. Agencies will be formed into the State Emergency Response Team (SERT) and organized in accordance with the National Incident Management System (NIMS). The lead technical agencies are the Division of Public Health (DHHS), the Office of Emergency Medical Services (OEMS) (Division of Facility Services, DHHS), and the Special Operations Response Team (SORT). Other supporting agencies include the Department of Environment and Natural Resources (DENR), the Department of Agriculture and Consumer Services (NCDA&CS), and the Department of Crime Control and Public Safety (CC&PS). Activities are divided into a preparation phase, a response phase, and a recovery phase. Response phase actions are based on the size and severity of the disease event.
- A. Preparation Phase. In preparation for all forms of public health emergency, the State Health Director has established a Public Health Preparedness & Response Steering Committee (usually known as the BT Team). This team reviews and updates plans and procedures and plans and conducts training and exercises for emerging disease and bioterrorism events. The BT Team Members include:
- 1) Department of Health and Human Services (DHHS):
    - Chief of Epidemiology Section (chair)
    - State Epidemiologist
    - State Public Health Laboratory Director
    - Public Health Nursing Director
    - Public Health Strategic National Stockpile (SNS) Program Manager/Pharmacist
    - Public Health Veterinarian
    - Chief Medical Examiner
    - Local Health Department Liaisons
    - Public Health Public Information Officer)
    - Chief, Office of Public Health Preparedness & Response

## DRAFT

- Mental Health Coordinator
  - DHHS Disaster Coordinator
  - OEMS Director
  - Chief, Office of Occupational and Environmental Epidemiology
  - DPH Legal Counsel
- 2) Department of Agriculture and Consumer Services
  - 3) Department of Environment and Natural Resources
  - 4) Department of Crime Control & Public Safety:
    - Director of Emergency Management
    - Director of Special Operations Response Team (SORT)
  - 5) State Bureau of Investigation
  - 6) UNC Center for Public Health Preparedness
  - 7) Other agencies may be added as the situation develops.

The BT Team will meet at the call of the chairperson. The team and its subcommittees will update this plan, develop additional subordinate plans, and develop procedures within their areas of expertise. The state epidemiologist (DHHS), in collaboration with local public health officials, will have responsibility for planning the investigation of human disease events. The State Veterinarian (NCDA&CS) will be responsible for planning animal disease events. The state medical entomologist (DENR) will be responsible for planning for the natural vector or reservoir component of infectious diseases. The Directors of OEMS and SORT will be responsible for planning medical treatments and disaster medical resources. The Director of Emergency Management (CCPS) will be responsible for overall planning and management of declared emergencies in accordance with NCGS166A and the federal Stafford Act.

B. Response Phase: In the event of a potential or actual infectious disease outbreak or bio-terrorism event, the Director of Emergency Management, on advice of the State Health Director, will activate the State Emergency Response Team (SERT) and the Emergency Operations Center (EOC). The Director of Emergency Management then assumes his responsibility as the SERT Leader. The State Health Director becomes a technical advisor to the SERT Leader and the Governor. A Public Health Team is activated under the Operations Section but operating out of the Public Health Command Center to manage public health actions. The public health portion of the BT Team becomes the primary component of the Public Health Team. The Disaster Medical Services Team within the Emergency Services Office coordinates medical treatment and resources: facilities, staff, drugs and equipment. The DHHS staff within the Citizens Services Office coordinates the response to citizens with special medical needs. The response phase is divided into 3 activation levels of increasing state activities. The lowest activation level is SERT Activation Level 3.

- 1) SERT Activation Level 3.
  - a) Situation Description. An infectious disease outbreak has occurred in a North Carolina community or in a community adjacent to North Carolina. The outbreak is

## DRAFT

not yet widespread. Local public health and medical capabilities are sufficient to deal with it, but the potential exists for a wider outbreak.

- b) **Actions.** All emergency support function agencies are alerted. The EOC is activated with limited staff, including Emergency Management staff, DHHS Human Services Team and the Disaster Medical Services Team. The Public Health Command Center is alerted and manned, as needed, by selected staff. The Public Health Team provides assistance to local public health officials. Local medical treatment facilities throughout NC are advised about the disease and are instructed to identify resources to assist the stricken community. The Disaster Medical Services Team begins to identify medical resources available from medical treatment centers in NC. The Special Operations Response Team (SORT) is alerted for possible deployment. A possible EM Regional Coordination Center (RCC) is planned.
- 2) **SERT Activation Level 2.**
- a) **Situation Description.** An infectious disease has spread to many NC communities, has affected many people, caused an increase in deaths, or has become a potential epidemic. Local public health and medical capabilities are not sufficient to deal with it. State assistance and mutual aid from other communities is required. Federal assistance could be required.
  - b) **Actions.** The Governor, on advice from the SERT Leader and the State Health Director, may declare a state of emergency. The SERT is fully activated with 24-hour staffing from all State Emergency Response Team (SERT) members. The Public Health Command Center (PHCC) becomes fully activated on a 24-hour per day basis. The Public Health Team works with the CDC to identify the disease and determine treatment and prevention measures. The Strategic National Stockpile Reception and Staging Sites (RSS) are alerted for possible operation. The Disaster Medical Services Team arranges for medical staff, supplies, and equipment to move from non-infected communities to infected communities through mutual aid agreements. The EM Regional Coordination Center may be activated in the local area. SORT may be deployed to the infected area to provide additional medical capability. The NC National Guard may be activated to provide general support. EMAC may be activated to obtain medical staff and equipment from other states, if needed. The Governor (on advice from the SERT Leader and the State Health Director) may request the CDC Strategic National Stockpile (SNS) to be delivered to the RSS facility most appropriate to the outbreak. The SNS is managed by the PHCC. Additional support may be requested from the North Carolina National Guard, other state agencies, and pharmaceutical schools and industry.
- 3) **SERT Activation Level 1.**
- a) **Situation Description.** A widespread infectious disease outbreak has occurred. This outbreak is beyond local and state capabilities, and federal assistance is essential.
  - b) **Actions.** The Governor (on advice from the SERT Leader and the State Health Director) requests federal assistance. Federal agencies arrive and establish a Disaster Field Office (DFO) to manage the combined state and federal actions. The DFO is lead by a State Coordinating Officer (SCO) and a Federal Coordinating Officer (FCO). State and federal staffs are combined into a DFO staff. Federal agencies

## DRAFT

deploy throughout NC to assist the state and local agencies. Financial assistance programs for Individual Assistance and Public Assistance are implemented per the Robert T. Stafford Disaster Relief and Emergency Assistance Act and other applicable federal laws.

- C. Recovery Phase: During the Recovery Phase, SERT will assist individuals, businesses, and local governments to recover from the infectious disease event. Activities will include decontamination and disinfection of facilities, temporary living accommodations, loans to individuals and small businesses, and grants to local governments.

## 7. References.

- NC Emergency Operations Plan (NC EOP)
- NC General Statute 166A, North Carolina Emergency Management Act
- NC General Statute 130A, Public Health
- Division of Public Health Office of Public Health Preparedness & Response Bio-Terrorism Plan, July 31, 2003
- Addressing emerging infectious disease threats: a prevention strategy for the United States. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, 1994.
- Institute of Medicine. Emerging infections: microbial threats to health in the United States. Washington, DC: National Academy Press, 1994.
- Working Group on Emerging and Re-emerging Infectious Diseases. Committee on International Science, Engineering, and Technology (CISSET), National Science and Technology Council. Infectious disease—a global health threat. Washington, DC: U.S. Government Printing Office, 1995.
- Office of Science and Technology Policy, The White House. Fact sheet: addressing the threat of emerging infectious diseases. Washington, DC: The White House, June 12, 1996.
- Institute of Medicine. Anti-microbial resistance: and options. Washington, DC: National Academy Press, 1998.
- Surveillance for waterborne-disease outbreaks—United States, 1993-4. MMWR 1996;45(No.SS-1): 1-33.
- Berkelman RL, Pinner RW, Hughes JM. Addressing emerging microbial threats in the United States. JAMA 1996;275:315-7.
- Hughes JM. Addressing the challenges of emerging infectious diseases: implementation of the strategy of the Centers for Disease Control and Prevention. In: Emerging Infections 1. Scheld WM, Armstrong D, Hughes JM, eds. Washington, DC: ASM Press, 1998.